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[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]

DECISION

MGE/146176

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**PRELIMINARY RECITALS**

Pursuant to a petition filed December 27, 2012, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on February 06, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services (the agency) correctly terminated Petitioner's Medicaid benefits.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]

Interpreter: Tania Bahena

Respondent:

Department of Health Services  
1 West Wilson Street  
Madison, Wisconsin 53703

By: Alma Lezama, HSPC Sr.  
Milwaukee Enrollment Services  
1220 W Vliet St  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.

2. Petitioner was a recipient of BadgerCare Core benefits until January 31, 2012. (Testimony of Ms. Lezama; Exhibit 2)
3. The agency certified Petitioner's eligibility for Medicaid benefits, effective January 1, 2012. (Id.)
4. On March 20, 2012, the Disability Determination Bureau rejected Petitioner's application for disability-based Medicaid. (Exhibit 3)
5. On December 24, 2012, the agency sent Petitioner a notice indicating that effective January 1, 2013, his Medicaid benefits would be ending, because he was not elderly (age 65 or older), blind or disabled. (Exhibit 4)
6. Petitioner filed a request for fair hearing that was received by the Division of Hearings and appeals on December 27, 2012. (Exhibit 1)
7. Petitioner is under age 65 and is not blind. (Testimony of Petitioner; Exhibit 2)

### **DISCUSSION**

"Medicaid" is a state/federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD) or receive Wisconsin Well Woman Medicaid. Medicaid is also known as Medical Assistance, MA, and Title 19." *Medicaid Eligibility Handbook §1.1.1*

To be non-financially eligible for Medicaid, an individual must meet the following criteria:

1. Be elderly (age 65 or older), blind, or disabled.
2. Be a resident of the state of Wisconsin
3. Be a US citizen or Qualifying Immigrant
4. Cooperate with medical support liability
5. Cooperate with third party liability
6. Provide SSN or apply
7. Pay a premium if required
8. Pay a community waiver/FamilyCare cost share if required

*Medicaid Eligibility Handbook §4.1*

"Disability and blindness determinations are made by the Disability Determination Bureau (DDB) in the Department of Health and Family Services." *Medicaid Eligibility Handbook §5.2*

It is undisputed that Petitioner is 42 years old; as such he is not considered elderly. It is undisputed that Petitioner is not blind. It is also undisputed that as of the date of the February 6, 2013 fair hearing, The Disability Determination Bureau had not made a finding that Petitioner was blind or disabled. Consequently, Petitioner is not eligible for Medicaid.

### **CONCLUSIONS OF LAW**

The agency correctly terminated Petitioner's Medicaid benefits, effective January 1, 2013.

**THEREFORE, it is**

**ORDERED**

That the petition is dismissed.

**REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

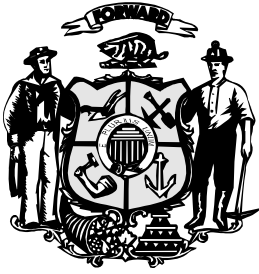
For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 15th day of February, 2013.

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\sMayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

David H. Schwarz  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on February 15, 2013.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability